

CLAIMS ONLY

Application Number:

"Filing" Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 6/2/19 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------|--------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
| 35 | | 1 | | | | |
| 36 | | 1 | | | | |
| 37 | | 1 | | | | |
| 38 | | 1 | | | | |
| 39 | | 1 | | | | |
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| 50 | | | | | | |
| Total | 1 | | | | | |
| Indep | | | | | | |
| Total | 36 | | | | | |
| Depend | | | | | | |
| Total | 37 | | | | | |
| Claims | | | | | | |